U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

		04 Through: 12 / 31 / 0)4
3. Name and address of person filing.	4. Name, file number, and a	· · · · · · · · · · · · · · · · · · ·	
Name Michael G Rose	Name Woodworke	rs Dist. Lodge W1, IAMA	W
	Labor Organization File No	umber 531-728	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Ro	om Number, if any	
Street 25379 State Hwy 38	Street 25 Comell Ave.		
City Elkton	City Gladstone		
State Oregon ZIP Code + 4 97436	State Oregon	ZIP Code + 4 97	027
6. Position in labor organization. Business Representativ	Φ		
" The art with color with chigaged in transactions (Including loans) with the			
nonetary value from an employer whose employees your organization	derived income or other eco	nomic benefit of	
. Name and address of Employer (including trade name, if any).	derived income or other eco ion represents or is actively 7.a. Nature of Interest, Trans	seeking to represent.	
. Name and address of Employer (including trade name, if any). Name	ion represents or is actively	seeking to represent.	
Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ion represents or is actively	seeking to represent.	
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ion represents or is actively	seeking to represent.	
S. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Trans	seeking to represent.	
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Trans	seeking to represent.	
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign	7.a. Nature of Interest, Trans 7.b. Amount.	seeking to represent. action, or Income.	
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. Perjury and other applicable performed accuments or is actively accuments.	seeking to represent. action, or Income.	n f the
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. Perjury and other applicable performed accuments or is actively accuments.	seeking to represent. action, or Income.	n f the

Name of Person Filing Michael G. Rose	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name McMorgan & Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 700 Street 720 S.W. Washington St. City Portland	9. Business deals with: a. Labor Organization b. Trust c. Employer		
State Oregon ZIP Code + 4 97205 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name The Nelson Trust H&W Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any	Fund Manager for Taft-Hartley Health and Welfare Trust		
Street 2929 N.W. 31st Ave.	11.b. Approximate dollar value of such dealing. \$25,000,000		
City Portland	12.a. Nature of interest held or income received.		
State Oregon ZIP Code + 4 97210	Sponsored participation in Charity Golf tournament on 9/14/2004.		
	12.b. Amount. \$250.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name			

(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.